

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1						51				
2	1						52				
3	1						53				
4	3						54				
5	3						55				
6	3						56				
7	3						57				
8	3						58				
9	3						59				
10	3						60				
11	3						61				
12	3						62				
13	1						63				
14	1						64				
15	1						65				
16	3						66				
17	3						67				
18	3						68				
19	3						69				
20	3						70				
21	3						71				
22	3						72				
23	3						73				
24	3						74				
25	3						75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	57						TOTAL DEP.				
TOTAL CLAIMS	63						TOTAL CLAIMS				